Brian C. Bosma	88	Republican
Name	District	Party Affiliation
HOUSE OF REPRESE	NTATIVES OF THE	STATE OF INDIANA
	STATE HOUSE INDIANAPOLIS, INDIANA 46204	
	NT OF ECONOMIC INT CALENDAR YEAR	
This statement shall be filed by members not lat activity occurring in the preceding calendar year. filing a declaration of candidacy. All statements s Indianapolis. Additional pages may be inserted, if necessary, S.	Non-incumbent candidates for the General shall be filed with the Principal Clerk of the	Assembly must file this statement before House, Room 3A-8, 3rd Floor State House,
Incumbent legislator (x) X 1. List the name of your employer(s) and the emp	Legislative candidate ployer(s) of your spouse and the nature of the	e employer's business. "Employer" means
any person or entity from whom the member of c of his non-legislative income.	or candidate for the Indiana General Assem	bly or his spouse received more than 33%
NAME OF EMPLOYER	NATURE OF BUSINESS	Your Spouse's Employer (x) Employer (x)
See Item #3		

2. List the na	me of every	sole p	proprietorship	or professional	practice operat	ted by you o	or your	spouse and	the na	ature of	the
business.											

NAME OF BUSINESS	NATURE OF BUSINESS	Your Business (x)	Spouse's Business (x)
See Item #3			

3. List the name of every partnership and limited liability company of which you or your spouse are a member and the nature of the business.

NAME OF BUSINESS	NATURE OF BUSINESS	Your Business (x)	Spouse's Business (x)
Kroger Gardis & Regas, LLP	Law Firm	Х	

4. List the name of any corporation of which you or your spouse are an office or director and the nature of the corporation's business. Churches need not be listed.

NAME OF BUSINESS	NATURE OF BUSINESS	Your Business (x)	Spouse's Business (x)
Bosma Industries for the Blind, In	c. Not for Profit – Rehabilitation Servi	ces X	
Arenus Foundation, Inc. President	Mutual benefit corp. supporting impoverished persons and non-profit charitable, religious	X	
Mark Company	and educational entities	; ;	
PROKIDS, Inc. Diréctor	Non profit corporation administering Marion County First Steps program		·X

5. List the name of any corporation in which you, your spouse or unemancipated child own stock or stock options having a fair market value in excess of \$10,000. No time or demand deposit in a financial institution or an insurance policy need be listed.

NAME OF BUSINESS	Your Stock (x)	Spouse's Stock (x)	Children's Stock (x)
Eli Lilly & Co.		X (TRA)	
Intel		X. (IRA)	
Hillenbrand Industries, Inc.		X (IRA)	
Wellpoint, Inc.		X	

6. List the name of any state agency or the supreme court of Indiana which licenses or regulates any of the following: (a) your profession or occupation, (b) your spouse's profession or occupation or (c) any proprietorship, partnership, corporation or limited liability company listed under items 2, 3, or 4. Also list the nature of the licensure or regulation. The requirement to file certain parts with the secretary of state or to register with the department of revenue as a retail merchant, manufacturer or wholesaler shall not be considered as licensure or regulation.

NAME OF STATE AGENCY	NATURE OF LICENSURE	Profes Occupa You	sion or ution (x) Spouse	under No. 2, 3, 4 (x)
Indiana Supreme Court	Practice of Law	Х		X

7. List the name of any person whom you know to have been a lobbyist in the previous calendar year and whom you know to have purchased the following: (a) from you, your sole proprietorship or family business, goods or services for which the lobbyist paid in excess of \$100 or (b) from you partner, goods or services for which the lobbyist paid in excess of \$1,000. This subdivision does not apply to purchases made after December 31, 1998, by a lobbyist from a legislator's retail business made in the ordinary course of business at prices that are available to the general public. For purposes of this subdivision, a legislator's business is considered a retail business if the business is a retail merchant as defined by IC 6-2.5-1-8. "Lobbyist" means any person, firm, corporation or association registered under IC 2-7-2. "Family business" means a corporation in which you and your spouse own at least 80% of the voting stock, regardless of whether all or a portion is owned jointly or severally.

NAME OF LOBBYIST	Purchased over \$100 from you or your business (x)	Purchased over \$1,000 from your partner (x)
See Attachment		

8. List the name of any person or entity from whom you received any of the following: (a) any gift of cash from a lobbyist, (b) any single gift other than cash having a fair market value in excess of \$100 or (c) any gifts other than cash having a fair market value in the aggregate in excess of \$250. Gifts from a spouse or close relative need not be listed unless the donor has a substantial economic interest in a legislative matter. Campaign contributions need not be listed.

NAME OF DONOR	Any gift of cash from a lobbyist (x)	Any single gift over \$100 (x)	Total gifts over \$250 (x)
Indianapolis Airport Authority – Courtesy Parking	·	X	
Allied Theater Owners of Indiana - Courtesy Pass		X	

9. List the name of any lobbyist: (a) who is a member of a partnership or limited liability company of which you are a partner or member or employee or (b) who is an officer or director of a corporation of which you are an officer, director or employee or (c) who is a manager of a limited liability company of which you are a member or employee. Describe the legislative matters which are the object of the lobbyist's activity.

NAME OF LOBBYIST	LEGISLATIVE MATTERS WHICH ARE THE OBJECT OF THE LOBBYIST'S ACTIVITY	Your Connection
ivone		

10. List the name of any person or entity on whose behalf you have appeared before, contacted or transacted business with any state agency or official thereof. List also the name of the state agency, the nature of the appearance and the cause number, if any. This does not apply when the services are rendered without compensation. "State agency" does not include state-supported colleges or universities or the agencies of any municipality or political subdivision of the state.

NAME OF PERSON	NAME OF STATE AGENCY	Nature of Contact, Appearance, Etc.	Cause Number
Members of my law firm and I have	appeared as legal counsel for numer	ous clients enimatters before	State,
Federal, and local courts and agenc	ies. Pursuant to the rules of profe	ssional conduct applicable to	members
of the Bar, the clients and matter	s concerned are confidential.		

I certify that the foregoing information is true, accurate and complete, as I am verily informed and believe.

Signature

Filed with the Clerk of the Indiana House of Representatives this 13⁺¹ day of January, 2009.

Vame, Title Principa Clerk

8971 Bay Breeze Lane
Address
Indianapolis, IN 46236
City

(317) 823–7538 Area Code / Telephone

HOUSE OF REPRESENTATIVES OF THE STATE OF INDIANA

STATEMENT OF ECONOMIC INTERESTS FOR THE CALENDAR YEAR 2008

BRIAN C. BOSMA ATTACHMENT FOR QUESTION 7

NAME OF LOBBIST	Purchased over \$100	Purchased over \$1000
City of Beech Grove	From You or Your Business	From Your Partnership X
*Eli Lilly Federal Credit Union		X
* Huntington National Bank		X
* Farm Bureau Insurance		X
JP Morgan Chase & Co. and Affilia	ates	X
National City Bank and Affiliates		X
* Toyota Motor Credit Corporation		X
Vectren Corporation		X

^{*} Not a registered lobbyist, but an affiliate or subsidiary of a registered lobbyist. No lobbyist reporting is necessary for or by these entities.

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